

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/511099 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
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TOTAL IND.	2	↓	↓	↓	↓	
TOTAL DEP.	2	←	←	←	←	
TOTAL CLAIMS	14					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.		↓	↓	↓	↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						